

COMMUNITY SERVICES BUREAU
Part A
FISCAL YEAR 2017 BONUS DISTRIBUTION FORM

Provider Name: _____

Section I CFC/PAS Worker Types		A	B	C	D	E	F	G	H	I	J
		Total Bonus Distribution per Worker 07/01/2016	Estimated Benefits per Worker Circle One: \$ or % 07/01/2016	Total Bonus and Benefits per worker 07/01/2016	FTE	Number of Employees	TOTAL BONUS COLUMNS A X E	TOTAL BENEFITS COLUMN B x E	TOTAL BONUS AND BENEFITS COLUMN C x E	PHASE I DISTRIBUTION DATE (7/1/16- 12/31/16)	PHASE II DISTRIBUTION DATE (1/1/17- 6/30/17)
Billing Codes	Worker Types										
T1019 T2001 S5126	CFC/PAS Agency Based										
T1019-U9	CFC/PAS Self Direct										
	TOTALS										
Section II HCBS/Waiver Worker Types		A	B	C	D	E	F	G	H	I	J
		Total Bonus Distribution per Worker 07/01/2016	Estimated Benefits per Worker Circle One: \$ or % 07/01/2016	Total Bonus and Benefits per worker 07/01/2016	FTE	Number of Employees	TOTAL BONUS COLUMNS A X E	TOTAL BENEFITS COLUMN B x E	TOTAL BONUS AND BENEFITS COLUMN C x E	PHASE I DISTRIBUTION DATE (7/1/16- 12/31/16)	PHASE II DISTRIBUTION DATE (1/1/17- 6/30/17)
Billing Codes	Worker Types										
T1019 UA	HCBS PAS/SDPAS										
S5130 UA	HOMEMAKER										
T1005 UA	RESPIRE										
S5125 UA	SPECIALLY TRAINED ATTENDANT										
S5126 UA/U9	BIG SKY BONANZA										
S5135 UA	SENIOR COMPANION										
T2027 UA	SPECIALIZED CHILDCARE										
S5126 UA/U9	COMMUNITY SUPPORT										
	TOTALS										
Agency Name:				Contact:							
Email Address:				Phone:							